

**DEPARTMENT OF LABOR  
JOB OPPORTUNITY  
OFFICE ASSISTANT  
ADJUDICATIONS UNIT**

**PLEASE FOLLOW THE SPECIFIC APPLICATION FILING INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!**

**Open To:** The Public  
**Location:** 200 Folly Brook Blvd, Wethersfield  
**Job Posting No:** 410  
**Hours:** Full-time  
**Salary:** \$37,429 - \$49,108  
**Closing Date:** November 28, 2011

**Eligibility Requirement:** Candidates must have applied for and passed the **Office Assistant** exam and be on the current certification list promulgated by the Department of Administrative Services for this classification. State employees currently holding the above title or those who have previously attained permanent status may apply for lateral transfer.

**Knowledge, Skills and Abilities:** Knowledge of office systems and procedures including proper telephone usage and filing; oral and written communication skills; skill in performing arithmetical computations; basic interpersonal skills; ability to perform a full range of clerical tasks; ability to operate office equipment which includes personal computers, computer terminals and other electronic automated equipment; ability to operate office suite software; ability to schedule and prioritize workflow; ability to read and interpret complex instructions.

**General Experience:** Two (2) years' general clerical work experience.

**Substitution Allowed:** College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling six (6) months of experience.

**Special Requirement:** Persons having responsibility for supervising or observing the behavior of inmates or custodial clients will be required to possess a high school diploma or General Educational Development (GED) certification by the time of permanent appointment.

**Note:** The filling of this position will be in accordance with reemployment, SEBAC, transfer, promotion and merit employment rules, if applicable.

Applicants who are not currently a state employee must start at the minimum salary.

**Application Instructions:** Interested and qualified candidates who meet the above requirements should submit a State of Connecticut Application for Examination or Employment (CT-HR-12) and the Connecticut Department of Labor Pre-Authorization and Release form (immediately follows this job announcement) which includes a statement regarding the Guide to the Code of Ethics for Public Officials and State Employees. Current state employees are required to submit their last two service ratings. The CT-HR\_12 can be downloaded from the DAS website at <http://www.das.state.ct.us/cr1.aspx?page=13>. Please reference **Job Posting No. 410**. Applications not received or postmarked by the above closing date will not be considered. Missing or incomplete application material will not be considered. Submit via mail to:

**DEPARTMENT OF LABOR  
200 FOLLY BROOK BOULEVARD  
WETHERSFIELD, CT 06109  
FAX (860) 263-6699**

If you are choosing to fax your application, it is not necessary to also send an original copy. Due to the large number of expected applicants we cannot confirm receipt of application materials. Not all individuals who apply will be granted an interview.

**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.

## CONNECTICUT DEPARTMENT OF LABOR

### Pre-Employment Screening --Authorization and Release

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Connecticut State Department of Labor.

Applicant's Name (Last, First, Middle) : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number : (     ) \_\_\_\_\_

I, the undersigned, recognize and understand that this constitutes my consent and authorization to disclose or furnish any relevant and necessary information or records to the Department of Labor concerning my character, employment, or military service as may be necessary for a determination of my suitability for employment with the Connecticut State Department of Labor.

This authorization is executed with the full knowledge and understanding that the Labor Department will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of the Department.

I hereby RELEASE any respondent from any and all liability for damages resulting from a decision by the Department not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twelve (12) months from the date of my signature.

|             |                        |
|-------------|------------------------|
| Date Signed | Signature of Applicant |
|-------------|------------------------|

As a candidate being considered for employment at the Department of Labor, I have received a copy of the Guide to the Code of Ethics for Public Officials and State Employees.

|       |           |
|-------|-----------|
| _____ | _____     |
| Date  | Signature |